

Ensuring better maternal health care outcomes through community actions and social accountability mechanisms

A TRAINING MANUAL FOR NGO STAFF/VOLUNTEERS/COMMUNITY PEOPLE and LEADERS



SAHAJ

2019

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SAHAJ

SAHAJ (Society for Health Alternatives) was founded in 1984, with an idea of providing a supportive and facilitative atmosphere to persons interested in doing original work in the area of health and development. The common strand for all work of SAHAJ has been a conscious focus on marginalized and deprived communities with an attempt to make a difference to peoples' lives and social processes.

Vision

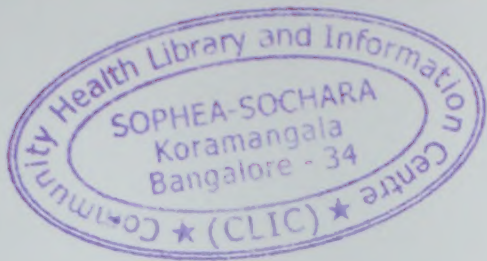
A society where there is social justice, peace and equal opportunity for all.

Mission

- To strive for health of poor communities health defined in a broad sense to encompass the social, spiritual, economic and political.
- To strive for the practical relevance to the poor in all the work undertaken.
- To be innovative and creative and try and break new ground in work undertaken.

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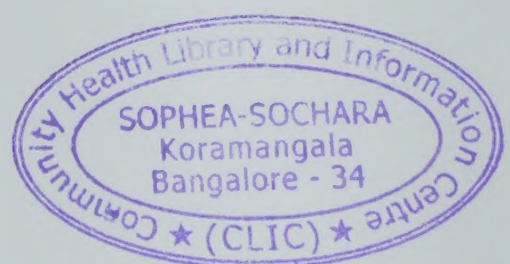
**A TRAINING MANUAL FOR NGO
STAFF/VOLUNTEERS/COMMUNITY
PEOPLE and LEADERS**

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for CLIC
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About the manual

This manual is an effort by the SAHAJ team to help community members become aware about issues related to maternal health and ways to improve the quality of maternal health care. The manual attempts to provide messages that are practical and action oriented as well as feasible for community members to understand and take action at their level. We hope that this awareness will lead to positive actions at both the community and health system levels.

By community members, we mean pregnant women, the Sangathan (womens collectives) / members of Self Help Groups (SHGs), Panchayat members and other community leaders, both men and women. We hope that the manual will be useful for training the field staff and volunteers of the NGOs and for training community leaders. The language and key messages have been developed accordingly.

The modules have been designed and piloted with the staff of our partner NGOs, ANANDI and KSSS. Their inputs and field experiences have been used extensively to design the modules and games.

The manual describes two types of board games and a quiz game. Various IEC materials are also developed which are to be used along with this manual. The board game cards have been designed such that they can be used as quiz cards as well. Separate quiz cards have also been made for certain topics. The board game has been adapted from a WHO game on maternal health. However, there are several modifications to suit the Indian context, based on feedback of the community women and NGO staff.

A foldable board game and a set of game and quiz cards in the local language needs to be printed for proper use of the manual. The game cards and quiz cards are presented at the end of the manual after the Annexures. Details of the material used for making the board game and game cards are mentioned in the manual itself.

The topics cover a wide range of issues related to maternal health from a rights and gender perspective and try to motivate the community members to become action oriented. The idea is to promote cooperative action with the health system to support the ultimate goal of improved maternal health, reduction in maternal deaths and near misses in the long run. The facilitators have to prepare themselves by studying the Annexures at the back to be prepared with the subject matter.

Special thanks to the teams of ANANDI and KSSS for their valuable inputs.

TEAM SAHAJ

RESPONSIBILITIES TOWARDS MATERNAL HEALTH
Part 1 - Antenatal and Postnatal Services

Tool

Board game I: *Su tame janocho?* (Do you know?)
[Figure 1 on page 8]

Purpose of the tool

The tool specifically helps the participants:

- To be responsible towards maternal health and thus, participate in monitoring to improve the health services and facilities provided.
- To befriend and help the ASHA / Nurse / Anganwadi worker (AWW) reach the most vulnerable women in their village so that they get timely ANC / PNC services.

Materials required

Board game, dice, coloured buttons, first card set. (The card set contains cards for both Part 1 and Part 2. Depending on time Part 1 cards can be separated or else both cards can be combined and entire card set can be used).

Steps to conduct this session

Through discussions and meetings, the facilitator needs to ask the community leaders,

- How can they help and be responsible in improving maternal health care services in their village?
- Can they provide information related to maternal health?
- What are the different types of ANC/PNC services available and their relevance? How can they make the pregnant woman and her family members aware of these services?

The board game has a card set based on these topics. While playing the board game, the facilitator will give explanations based on the above questions and discussions on these issues will be done during the game. (Box 1 in Annexure 1 on page 18 contains the important messages related to ANC / PNC services.)

Instructions

The game is suitable for 2 to 6 players. The rules are as follows:

1. Place the board in the centre and players should sit around it.

Expected outcomes in

Knowledge

- Basic Antenatal Care (ANC) /Postnatal Care (PNC) services
- Knowing where and what services are available at various health facilities

Attitude

- Increasing accountability of family, community and health care providers

Skill

- Monitoring skills to improve the quality of health services: ANC, delivery, and PNC

2. Ask someone who is not playing the game to shuffle the cards so that all cards are mixed together, including the “chance” cards.
3. Place the cards in two piles on opposite sides of the board so that all players can reach one of the piles of cards. The cards must be placed with the face downward.
4. Each player in turn should shake the dice once, and throw. The person scoring the highest number should start the game and the rest will follow.
5. Each player moves the button forward the same number of squares as the number shown on the dice.
6. The players move their buttons along the spiral pathway, gradually moving towards the centre of the board.
7. If a player lands on a square marked with a question mark, the player on their right picks up a card from one of the piles of cards and reads aloud the question written on it (but not the answer). The player who has landed on the “question square” must then attempt to answer the question. The answer must be correct. This means that the answer given by the player must correlate with that written on the card. They may, of course, use different words to explain the meaning.
8. Correct answer: If the player gives the correct answer, he / she is given the card to keep. The card is worth 2, 3, or 5 points which the players will add to their total at the end of the game.
9. Wrong answer: If the player gives the wrong answer, the player holding the card must read aloud the correct answer and place the card at the bottom of the cards.
10. Does not know: If the player who is asked does not know the answer, the question is offered to the player on their left. If this player answers correctly, he / she is given the card to keep. If they do not know the answer, the question can be offered to the next player on the left until all players (except the one asking the question) have had a chance to answer. If no one knows the answer, the player holding the card should read aloud the answer. They should then place the card at the bottom of the pile.
11. There are also some “chance” cards included. These do not ask questions, but make statements. Statements which describe good practice give the player free points which they can add to their score. Statements which describe bad practice make the player subtract points from their score.
12. When a “chance” card is picked up it must be read aloud and given immediately to the player who has landed on the question square.
13. The next player then throws the dice and the game continues.
14. When a player reaches the centre of the board, the facilitator may decide whether that the game is finished for that player or not. This is useful if there is a short time to play the game. Otherwise the facilitator may allow the player to start again until all the cards have been used up. It is suggested that this method is used whenever time allows.
15. At the end of the game, all players add up the points on the cards which they now own. They must subtract points that are shown on the “bad practice” chance cards in their possession.

16. The winner is the player with the highest score. There are several reasons why the winner may not necessarily be the player who knows the most, and the loser the one who knows the least. Firstly, some players will land on more question squares than others and will have opportunity for more questions. Secondly the “chance” cards will cause players to gain free points but also to lose some points they have gained. In fact, players could end up with a minus score if they pick up too many “bad practice” chance cards.

The questions in the board game will make the players think about their responsibilities towards maternal health, and importance of the ANC/PNC services to improve the quality of maternal health care.

Suggestions for additional IEC materials for spreading the information

1. Wall painting or handmade posters at important meeting spots in the village.
2. Pamphlets and posters related to this topic from government offices, NGOs etc.
3. Power point presentations in Gujarati ANC/PNC services.

Notes for facilitator

Box 1 in Annexure 1 describes the important ANC and PNC services for the facilitator to discuss with the participants. A diagram on how sickle cell anemia can be passed on to the new born is shown, that the facilitator should explain in the cultural context of the community. This will help them to make informed choice of partner selection. Also, in case a mother is detected with sickle cell anemia, her partner can also be tested to understand the chances of the child being born with it. Box 1 is followed by two tables (Boxes 2 and 3, page 20 and 21) in Annexure 1 that provide additional information on the availability of ANC services for NGO staff and community members.

Key messages

- **Maternal health is everybody's issue, not just a women's issue, or a private family matter.**
- **Basic information related to maternal health should be available at the Panchayat office.**
- **Monitoring health facilities is our duty.**
- **Community members need to be aware of the maternal health services, monitor it, and demand improved services as their right to health.**

RESPONSIBILITIES TOWARDS MATERNAL HEALTH

Part 2 - High Risk Symptoms during Pregnancy and Maternal Death Review [MDR]

Tool

Board game I: *Su tame janochoho?* (Do you know?)
[Figure 1 on page 8]

Purpose of the tool

The tool specifically helps the participants:

- To understand the high risk symptoms and what they can do in case of emergencies.
- To be aware that not just medical causes are behind a maternal death but other socio-economic-cultural-health system related factors could also lead to her death.
- To know that a MDR can help to improve the factors leading to maternal death.

Materials required

Board game, dice, coloured buttons, first card set (The card set contains cards for both Part 1 and Part 2. Depending on time Part 2 cards can be separated or else both cards can be combined and entire card set can be used).

Steps to conduct this session

Through discussions and meetings, the facilitator needs to ask the community leaders,

- Q1. What complications can occur during pregnancies and how should they be handled? In case of emergencies, where will you take the pregnant woman? Who will accompany her from amongst you to help the family?
- O2. How can you help if she requires blood?
- O3. Do you understand the various factors leading to maternal deaths and importance of reporting and conducting MDR?

The steps of playing the board game are mentioned in Part 1 of this topic, as the game has the same rules and the same card set based on the above topics as well. While playing the board game, the facilitator will give explanations based on the above set of questions and discussions on these

Expected outcomes in

Knowledge

- Who is a high risk mother? What are pregnancy related emergencies? What can be done in such cases?
- Facilities for blood availability
- Where can emergency cases be taken?

Attitude

- Identifying high risk symptoms
- Reporting every maternal death

Skill

- Helping the woman reach health facility in case of emergency
- Having a blood donors' list
- Being part of the MDR committee and investigating reasons for maternal deaths

issues will be done during the game. (Annexure 2 contains information in this regard).

Thus, the questions in the board game will make them think about causes of maternal deaths and identifying high risk mothers to improve the quality of maternal health care. They will also be informed about pregnancy-related emergencies and how they can help in such cases.

Suggestions for additional IEC materials for spreading the information

1. Pamphlets and posters on high risk symptoms.
2. Power point presentations in Gujarati for high risk symptoms and MDR.

Notes for facilitator

Annexure 2 on page 22 gives the basic information for the facilitator to understand and discuss who is a high risk mother, what pregnancy related emergencies are, what should be done in case of a pregnancy related emergency and what is a maternal death review and how it should be done.

Key message

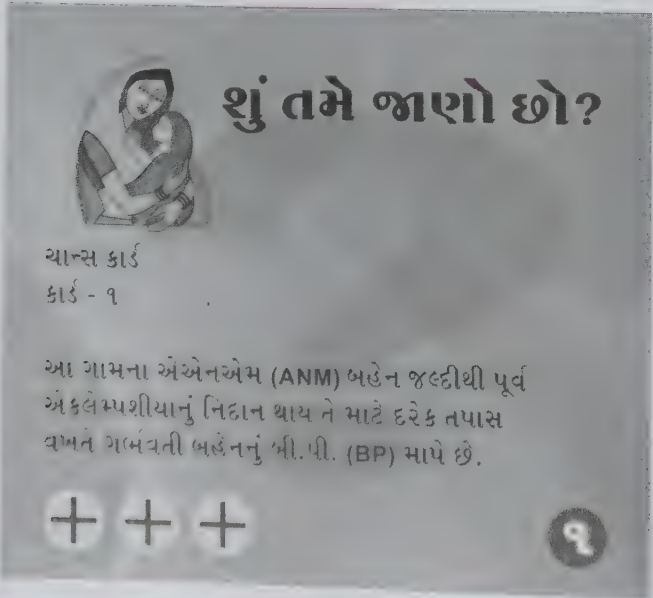
- Community members need to be aware of high risk symptoms and investigate every maternal death as their right to health.

Figure 1 : The Board Game with Card Sets

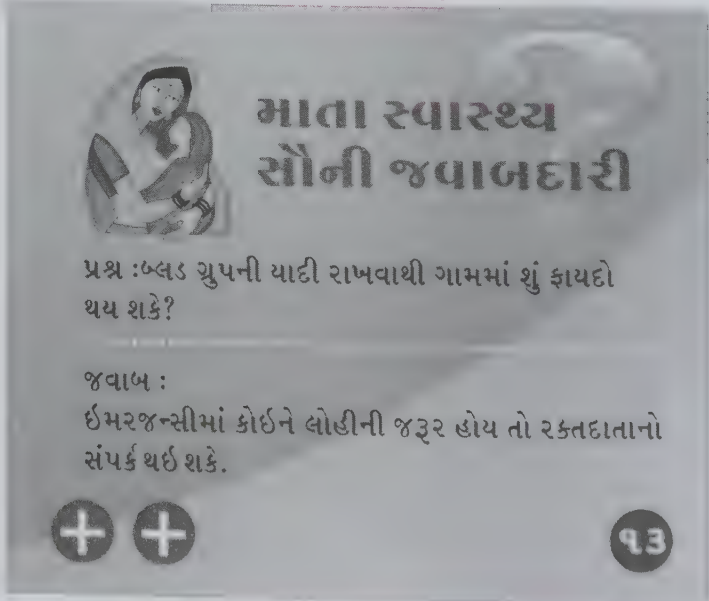


Above picture is of the board game and below are the two types of card sets: *Shu tame janochho?* (Do you know?) and *Mata swasthya sauni jawabdari* (Maternal health is everyone's responsibility). Thus, two games can be played with the same board game. The board game is made of a flex sheet which is foldable, non-tearable and easy to carry. The game cards are laminated card sheets that will last long and will always look fresh.

Card Set 1



Card Set 2



MATERNAL HEALTH CARE ENTITLEMENTS

Tool

Quiz game

Purpose of the tool

- The game helps the community members to be informed about the purpose, benefits, eligibility and documents required for the entitlements.
- The NGO staff/volunteers along with the Panchayat members and community women can help poor and vulnerable pregnant women and their families to avail some financial assistance through these schemes.
- These schemes are specially developed by the government to reduce maternal mortality and to increase the use of government facilities for safe deliveries and nutrition support.

Materials required

- Posters/flyers providing information on entitlements and schemes related to maternal health.
- Quiz cards.

Steps to conduct this session

1. First, the participants will be informed about the entitlements through posters/flyers and discussions by the facilitator.
2. To reinforce the important points, a quiz program will be kept at the end of the session.
3. Participants will be divided into two or three groups depending upon their number.
4. The facilitator will read out the questions from the quiz cards and marks will be allotted for the correct answers as in a quiz.
5. Instead of a buzzer the participants can clap as soon as they know the answer. Whichever team claps first gets to answer first.
6. Small discussions can be done after each question to clear their understanding of the entitlements.

Expected outcomes in

Knowledge

- The different entitlements available for mothers and new born
- The eligibility criteria and benefits of these entitlements

Attitude

- Pregnant women have a right to demand the benefits of these entitlements
- We need to become aware of other such schemes and government programmes, their eligibility criteria and requirements

Skill

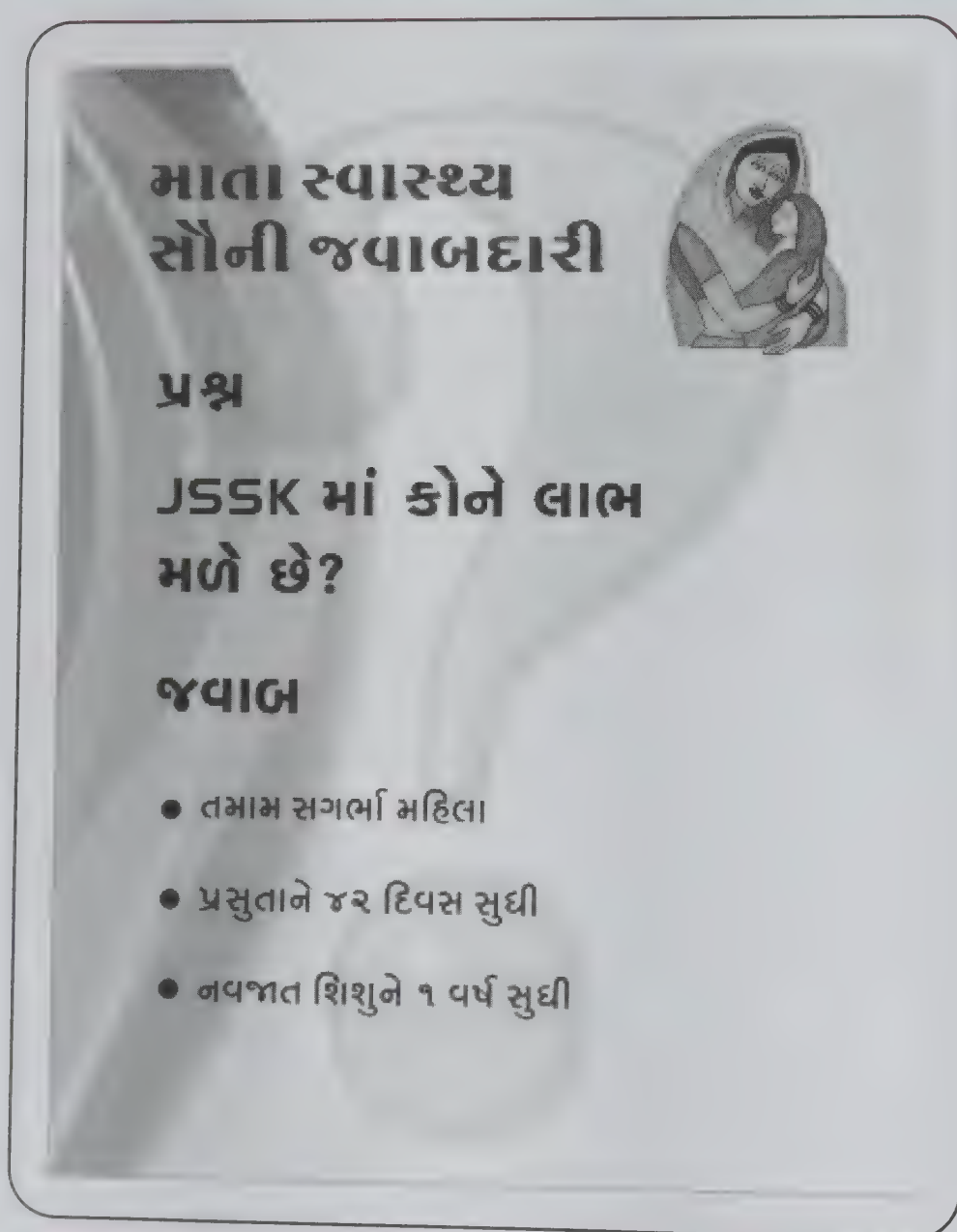
- Helping vulnerable pregnant women avail these schemes

Suggestions for additional IEC materials for spreading the information

1. Pamphlets available from government offices can be used.
2. Flyers with basic information can be printed using Gram Sanjivani Samiti (GSS) funds or by NGOs and distributed.
3. Posters can be made and put up in Panchayat offices/SHG/Sangathan meeting spots.

Notes for facilitator

Annexure 3 (on page 23) explains the given information on the quiz cards about the entitlements in a tabular form mentioning the various schemes available for pregnant women and their new born, why the scheme is important, its eligibility criteria and benefits and finally the necessary documents required for availing the scheme.



**Figure 2 : A sample Quiz Card
based on Maternal
Entitlements Information**

Key message

- Know your maternal health entitlements and avail it if you are eligible.

PANCHAYAT'S RESPONSIBILITIES FOR MATERNAL HEALTH

Tool

Board game II: *Mata swasthya sauni jawabdari* (Maternal health is everyone's responsibility) [Figure 1 on page no. 8]

Purpose of the tool

- Ensuring good maternal health care is an important duty of all community members and leaders.
- The game will help the participants understand the responsibilities of the Panchayat towards maternal health and motivate them to support maternal health interventions.

Materials required

Board game, dice, coloured buttons, second card set.

Steps to conduct this session

The board game will guide the participants to think about the responsibilities Panchayat members have towards improving maternal health conditions in their villages. The rules are the same as mentioned in Topic 1: Part 1 of the manual.

The game should allow everyone to have fun and learn without feeling threatened. The participants can be encouraged to list the following for Panchayat's role:

- When is Mamta Divas organized in their village?
- Who should attend Mamta Divas - Pregnant women, adolescent girls and children up to five years?
- Name of nearest 24/7 PHC and where basic obstetric care is available. Name the doctors and nurses in the nearest 24/7 PHC. Are they actually present especially at night? Blood donors list.
- Blood availability - where and how to arrange blood during emergency?
- Possible vehicle owners' list for arranging emergency transport.
- Contact numbers of ASHA, medical officer/doctor, Chiranjeevi hospitals.

Expected outcomes in

Knowledge

- When Mamta Divas is observed in the village
- Name of nearest 24/7 PHC and its doctor and staff

Attitude

- Encourage all pregnant women to attend the Mamta Divas
- Improving maternal health of their village
- Motivate and support ASHA workers

Skill

- Have blood donors' and possible vehicle owners' list and blood availability checklist ready
- Have contact numbers of ASHAs, Medical Officer, health facilities (PHC, Chiranjeevi hospital etc)
- Monitor Mamta Divas and ASHA workers for their quality of work

Panchayat members should notify that the above information is available at the Panchayat office and can be photocopied by anyone in the community. (A copy should be kept at the NGO office.)

Suggestions for additional IEC materials for spreading the information

- 1. Wall paintings can be made locally.
- 2. Posters can be put up in Panchayat office/SHG/Sangathan meeting spots.

Key message

- Poster/Wall Painting with key messages (see below) that can be regularly updated by the Panchayat members.

Poster / Wall Painting format

Panchayat for Better Maternal Health

- All mothers, adolescent girls and children are warmly welcome to our *Mamta din* observed at (Place) on (Date and time).
- We can avail (vehicle owner name and 108) for any emergency situation when medical services are needed.
- Our office has the following lists: blood donors, Chiranjeevi hospitals, contact numbers of ASHA/ doctor/ hospitals / nearest PHC in case of emergency.
- We can inform you about government schemes available for mothers and newborn children.

Created by (Village name) Gram Panchayat. Taluka (Name), Jilla(Name) for public benefit.

Nearest Government Health Facility for Our Village

Address:

Availability of services:

Timings:

Phone number:

Name of doctor:

Phone number:

Name of nurse/ASHA:

Phone number:

Created by (Village name) Gram Panchayat. Taluka (Name), Jilla(Name) for public benefit.

PROMOTING MATERNAL HEALTH IN GRAM SABHAS

Tool

Focus group discussions

Purpose of the tool

Gram Sabha is an important forum for village level decisions. Through this, important issues on maternal health services can be taken up to block/district level. Following points should be kept in mind of the Panchayat leaders and SHG/Sangathan members during the Gram Sabha meetings:

- Ensure maternal health issues are on the agenda.
- Ensure resolutions are passed.
- Ensure minutes include actions to be taken and person/s responsible.
- Request the local Medical Officer (MO) or ASHA to attend such meets to provide guidance/advice.

Materials required

None.

Steps to conduct this session

1. Discussions and meetings with Panchayat members (especially women Panchayat members) and SHG/Sangathan members should be held before the Gram Sabha meeting to prepare them to raise issues on maternal health in these meetings.
2. A list of all issues, related to maternal health care should be made with clear actionable points. The list can be prioritized and accordingly be discussed in the meeting.
3. It is a good idea to practice how the issues will be placed in the Gram Sabha. For example, who will put forth the issue, how will it be presented, how the other members can make supportive statements and provide their solutions for the same.

Expected outcomes in

Knowledge

- When Gram Sabha is held
- Putting up maternal health issues in Gram Sabha meet

Attitude

- SHG/Sangathan members should attend such meetings for showing strength and bring up issues related to maternal health and maternal death
- SHG / Sangathan members should have a preparatory meeting to discuss what issues they will raise in the Gram Sabha and plan who will say what in the meeting

Skill

- Should place at least one issue on maternal health in the Gram Sabha meeting
- Motivate ASHA, nurse, AWW, MO and various department heads for improved quality of maternal health services

4. As each maternal health related issue gets dealt with, other issues on maternal health can be brought up so that this issue becomes a permanent feature of these meetings.
5. The current Panchayat members and the SHG/Sangathan members should be encouraged to make maternal health an agenda for the Gram Sabha elections.

Suggestions for additional IEC materials for spreading the information

1. Wall painting of issues (*muddao*) can be made at a common wall near the PHC/Village health facility/Panchayat office.

Key messages

- **Maternal health is everybody's issue.**
- **Community leaders must take interest in maternal health.**
- **Attending Gram Sabha meetings especially by community women and women Panchayat members is a good way of promoting maternal health issues.**

ROLE OF GRAM SANJIVANI SAMITI (GSS)

Tool

Board game II: *Mata swasthya sauni jawabdari* (Maternal health is everyone's responsibility) [Figure 1 on page no. 8]

Purpose of the tool

The tool will help Panchayat members and SHG / Sangathan members understand the roles and responsibilities of the GSS and be aware of funds available and procedures for its utilisation for improving maternal health.

Materials required

Board game, dice, coloured buttons, second card set.

Steps to conduct this session

With regard to GSS and the Untied Fund, the Panchayat members and the SHG / Sangathan members need to be made aware of its important points (see Annexure 4 on page 25) through discussions and meetings first followed by the board game to reinforce these points.

The steps of playing the board game are mentioned in Topic 1 : Part 1 of the manual. Points in Figure 3 (on page 26) of Annexure 4 can be used for discussions in the meeting.

Suggestions for additional IEC materials for spreading the information

1. Wall paintings.
2. Posters that can be put up in Panchayat office/SHG/ Sangathan meeting spots.
3. Leaflets on GSS.

Notes for facilitator

Annexure 4 provides important points about GSS and Untied Funds that the facilitator must understand and keep in mind so as to ensure that the same is communicated to the Panchayat members. It is followed by Figure 3, a chart on the VHSNC activities classified into nine categories.

Expected outcomes in

Knowledge

- Funds available and how much utilised in the previous year

Attitude

- Make inquiries about how much fund is available and used
- Discuss how to use the funds for maternal health issues
- Bring up the agenda of maternal health in Gram Sabha meetings

Skill

- Using the funds for improving maternal health
- Share details of the work undertaken by the GSS at village level
- Increase the fund by mobilizing donations or resources from elsewhere

Key messages

- Rs. 10,000 given per year to each GSS for spending on health needs identified by its members.
- Needs and expenditure related to maternal health should be identified in the GSS meetings.
- Other community members like an elderly person, widow, mothers, and other marginalized groups should also be encouraged to attend the meetings to bring forth their issues.
- GSS fund can be used for awareness activities as well.
- Increase GSS funds by mobilising the community to donate money or provide resources in form of labour / other donations in kind.
- GSS funds can be used for emergency transport and Mamta Doli.

annexes

Box 1: Facilitator's notes on ANC

- 1 **Registration:** It should be done within three months. Many people believe that they should not declare pregnancy, as it could cause “*nazar lagvi*”. Your answer: “*Registration is for better care of mother, so get a solution for nazar or do it quietly.*”
- 2 **Weight:** Regular weighing helps to keep check of fetal growth. There is an increase of approximately 11 kg in mother's weight throughout pregnancy. There should be increase of minimum one kg weight every month in last six months of pregnancy. This shows that the baby is healthy and growing well.
- 3 **Height:** Women with height less than 145 cms are more prone to complications during delivery. So early checking will help doctors take best care and be prepared for complications.
- 4 **Hemoglobin:** If hemoglobin is less (anemia), then there are chances of miscarriage, stunting or neurological disorders in child, postpartum hemorrhage, and even death of mother. Hemoglobin test is necessary on every Mamta Divas visit or at least thrice during the pregnancy period.
- 5 **Urine test:** Urine test helps to detect diabetes and eclampsia early, preventing maternal morbidity and mortality. Early detection and treatment also protects the fetus from any complications.
- 6 **Blood group:** Difference in maternal and fetal blood group can be lethal during delivery. So it is necessary that blood group is checked at the earliest. The woman and her family should be informed about the blood group, and necessary treatment can be done immediately after delivery if the blood groups don't match. If mother has negative blood group, baby's blood group should be checked soon after the delivery and accordingly treatment should be given.
- 7 **Blood pressure:** Increase in blood pressure (BP) during pregnancy can lead to eclampsia. It is necessary to check BP on every visit of Mamta Divas.
- 8 **HIV test:** It is necessary to know HIV status of the mother as it will help prevent infection from passing from mother to child by giving appropriate treatment during delivery.
- 9 **TB:** Checkup is necessary for early detection and treatment.
- 10 **Abdominal checkup:** It helps in monitoring growth of the fetus and assessing how the fetus is positioned in the uterus. If there are problems detected, corrective action can be taken for proper growth of the fetus. Minimum three abdominal checkups of a pregnant woman is necessary for safe delivery.
- 11 **Tetanus vaccine:** Two doses of vaccine are necessary to prevent tetanus. In case of second pregnancy within two years, just one booster dose of the injection is required.
- 12 **Calcium tablets:** Calcium helps in growth of fetus bones and protects mother from calcium deficiency during and after pregnancy. It is recommended that calcium be given to all pregnant women after the first trimester till six months after delivery. During pregnancy, 360 tablets are required per woman (@ 2 tablets per day from 14 weeks to 40 weeks = 26 weeks = 182 days) and 360 tablets in the first six months of the postnatal period (@ 2 tablets per day for 6 months).
- 13 **Iron tablets:** Minimum 100 tablets are necessary during pregnancy to prevent anemia.

- 14 Iron sucrose injection:** In cases where hemoglobin is less than 7%, iron sucrose injection is given to correct the deficiency. The injections are available free of cost at PHC, CHC and district hospitals. FHW, ASHA or AWW can help to identify severe anemia and refer the mother for the injection.
- 15 Sonography:** Sonography helps check fetal growth and detect any fetal anomaly.
- 16 Nutrition:** Pregnant women should eat at least five meals in a day and also increased quantity of food during pregnancy. Complementary food is available at anganwadis for mothers.
- 17 Sick cell anemia:** It is the disease where red blood cells become sickle shaped and patient becomes anemic. It is necessary for all the pregnant women to get examined for sickle disease in prevalent areas so that necessary treatment can be done for mother and new born. It can be prevented from being transmitted to next generation if sickle cell investigation of both partners is done before marriage or before pregnancy. Some may not have symptoms, but can be silent carrier.

Probability based advice for Sickle cell on how disease will pass on to the offspring

When offspring will not get the disease

Normal	+	Normal	=	Normal offspring
Norma	+	Sickle trait	=	50% Sickle trait 50% Normal
Norma	+	Sickle disease	=	100% Sickle trait

Chance of offspring getting the disease

Sickle trait	+	Sickle trait	=	25% Normal 25% Sickle disease 50% Sickle trait
Sickle trait	+	Sickle disease	=	50% Sickle trait 50% Sickle disease
Sickle disease	+	Sickle disease	=	100% Sickle disease

Facilitator's notes on PNC

After delivery the health department representatives (ASHA, FHW etc) should make minimum **five** visits to the mother and child.

Box 2: Additional information on availability of services for NGO staff

Facility	Facility per population	Staff	Services
Health Sub-Centres are of Two types: Type A and Type B (Type B provides all recommended services and facilities for conducting deliveries)	3000 in tribal hilly areas, 5000 in plain areas	<ul style="list-style-type: none"> • One ANM • Multipurpose health workers in some places 	<ul style="list-style-type: none"> • Conducts VHND and other outreach services • Contraceptive services like provision of OCPs, condoms, IUCD insertion and related counseling • Complete package of ANC including registration, PNC and immunization • Growth monitoring and nutritional counseling • Treatment of minor illnesses and childhood diseases and prompt referral when required. • Treatment for TB, leprosy, malaria and also facilitates activities for control of vector borne diseases • Delivery but only if she is trained as a skilled birth attendant
Primary Health Centre 4-6 bedded And acts as a referral unit for six Sub-centres	20,000 in hilly, tribal, or difficult areas and 30,000 population in plain areas	<ul style="list-style-type: none"> • One MBBS Medical Officer • One AYUSH Doctor • One Staff nurse • One Sanitary Staff • Many PHCs have two Medical Officers 	Provides all the services mentioned under Sub-centre plus: <ul style="list-style-type: none"> • 24 hours institutional delivery services both normal and assisted (if designated as 24X7 PHC) • Out-patient care for all ailments is possible through skills of Medical Officer • Essential new born care (with provision of new born corner in labor room) • Abortion services with linkage for timely referral to the facility approved for 2nd trimester of MTP (where trained personnel and facility exist) • Male/ female sterilization services where trained personnel and facility exists • Health check-up and treatment of school children and adolescent friendly clinic for 2 hours once a week on a fixed day addressing adolescent health concerns • Screening of general health, assessment of anemia/nutritional status, visual acuity, hearing problems, dental check-up, common skin conditions, heart defects, physical disabilities etc. birth attendant
Community Health Centre 30-bedded hospital and acts as referral for four PHCs	80,000 in tribal/ hilly/desert areas and 1,20,000 in plain area	<ul style="list-style-type: none"> • 5-6 doctors including specialists for different types of health care • Nurses and Paramedical staff 	Apart from all services of a PHC as detailed above, each CHC also provides clinical care services in some of the specialist areas and institutional delivery services. Some CHCs are designated and equipped to provide caesarean delivery

District Hospital 75-500 beds depending on size, terrain and population of the district	One per district	Specialist for different types of health care with adequate number of nurses and Paramedic staff	<ul style="list-style-type: none"> • It is a hospital at secondary referral level • Generally provides all basic specialty services and certain kinds of highly specialized services • It has specialized new-born care unit for sick and high risk new born, blood bank, specialized labs, and provides services for caesarean sections, post- partum care, safe abortion and all kinds of family planning procedures • It also provides most of the surgical services and has a well- equipped operation theatre • It has provisions for dealing with accident and emergency referrals, rehabilitation, mental illnesses and other forms of communicable and non- communicable diseases
*NOTE 1	<p>Government of Gujarat is providing free medicines, supplies and diagnostic services like laboratory tests, x-rays and sonographies under the Mukhyamantri Nidan Yojna. Please look at the following websites :</p> <p>1 http://gmscl.gujarat.gov.in/essential-drug-list.htm for details of free medicines and supplies</p> <p>2 https://gmscl.gujarat.gov.in/Images/pdf/MFacility.pdf for free laboratory tests at the various government health centres.</p>		
*NOTE 2	<ul style="list-style-type: none"> • Free check for breast and cervical cancer at all government health centres if referred by the ANM or ASHA worker or Medical Officer. • Free tests for hypertension and diabetes for pregnant women are conducted at all government health centres [https://gmscl.gujarat.gov.in/Images/pdf/MFacility.pdf] 		

Box 3: Additional information on availability of services for community members

Place	Services available
Mamta Divas and Aanganwadi centre	Registration of pregnancy, Weight, Height, Hemoglobin, Urine test, Blood group, BP, HIV testing, Abdominal checkup, Diabetes, Tetanus vaccine, Calcium tablets, Iron tablets, Nutrition
Sub-centre	Pregnancy registration, Weight, Height, Hemoglobin, Urine test, Blood group, BP, HIV, Abdominal checkup, Diabetes, Tetanus vaccine, Calcium tablets, Iron tablets
PHC	Weight, Hemoglobin, Urine test, Blood group, BP, HIV, TB, Abdominal checkup, Diabetes, Calcium tablets, Iron tablets Services for emergency conditions
CHC	Weight, Hemoglobin, Urine test, Blood group, BP, Sickle cell anemia, HIV, TB, Abdominal checkup, Diabetes, Calcium tablets, Iron tablets, Iron sucrose injection, Sonography
Sub-district hospital	Weight, Hemoglobin, Urine test, Blood group, BP, Sickle cell anemia, HIV, TB, Abdominal checkup, Diabetes, Calcium tablets, Iron tablets, Iron sucrose injection, Sonography
Civil /district hospital	Weight, Hemoglobin, Urine test, Blood group, BP, Sickle cell anemia, HIV, TB, Abdominal checkup, Diabetes, Calcium tablets, Iron tablets, Iron sucrose injection, Sonography
Chiranjeevi / Public Private hospital	Pregnancy registration, Weight, Height, Hemoglobin, Urine test, Blood group, BP, Sickle cell anemia, HIV, TB, Abdominal checkup, Diabetes, Iron tablets, Iron sucrose injection, Sonography

Facilitator's notes on High Risk Pregnancy, Emergencies and MDR

Who is at high risk?

- Age less than 18 or more than 35 years
- Fourth or more pregnancy
- Last pregnancy within past two years - short gap within pregnancies
- Still birth, preterm delivery, neonatal death or history of operation in previous pregnancy
- Anemia- Hemoglobin less than 6 gm/100ml
- Vomiting continues after three months also
- After third month, weight increases less than 1 kg per month or more than 2 kg per month
- Increase in blood pressure, edema, protein in urine, fits
- Malposition of fetus in the womb/ twin fetus/reduced or ceased movement of fetus
- Jaundice, hepatitis, malaria or any such disease
- Abdominal pain, water or blood discharge in vagina during pregnancy

Note: More care is required in first pregnancy but it is not a high risk factor.

Pregnancy related emergencies

- Prolonged labor (for a first time mother when labor lasts for approximately 20 hours or more and 14 hours or more if you have previously given birth)
- Water retention or edema
- Fits
- Heavy Bleeding

In case of emergencies

- Call 108
- Call ASHA so that she can accompany the woman and go to appropriate hospital
- Call Doctor/Gynecologist

Maternal Death Review

[It is the qualitative, in-depth investigation of the causes of, and circumstances surrounding maternal deaths.]

- MDR helps us to know the complexities that lead to a maternal death.
- By understanding these factors, issues can be taken up in the Gram Sabha meetings.
- Quality of health services is an important issue besides the socio-economic-cultural factors.
- Accountability of family, village, health system must be taken into consideration.

Annexure 3

Entitlements	Purpose	Eligibility criteria and benefits	Necessary documents required
Janani Suraksha Yojna	Reducing Maternal Mortality by promoting institutional delivery among the poor pregnant women	<p>BPL pregnant women aged 19 years and above.</p> <p>All ST and SC women delivering in government facility or in accredited private hospital.</p> <p>In rural area,</p> <ul style="list-style-type: none"> • Mother's package is Rs.700 for institutional delivery. • Rs 500 for home delivery for BPL. 	<ol style="list-style-type: none"> 1. BPL certificate or income certificate by Talati/ Sarpanch or SC/ST certificate. 2. Aadhar card. 3. Mother Child Health card. 4. Referral slips from government facility in case she opts for private facility. Ask for it. 5. No ASHA package (Rs 200) if woman chooses to deliver at private facility. 6. Up to 2 live births disbursed at the institution itself.
Janani Shishu Suraksha Karykram	Safe delivery	<p>Free medical treatment in government facilities for all pregnant mothers right from antenatal period up to 42 days after delivery and for children up to age of 1 year.</p> <ul style="list-style-type: none"> • For mothers: free institutional delivery, free caesarian facility, free medicines, surgical and other usable, free laboratory facility, sonography, free food while hospital stay, free blood, free ambulance service from home to hospital and back to home, exemption from any kind of hospital fees. • For children upto 1 year: free treatment, free medicines and surgical usable, free laboratory services, free blood, free ambulance service from home to hospital and back to home, exemption from any kind of hospital fees. 	<p>Free for all mothers, new born and infants.</p> <p>Documents not needed.</p>
Chiranjeevi Yojna	For BPL pregnant women	<p>BPL family and all families of Scheduled Tribe who are not under the category of income tax payee.</p> <ul style="list-style-type: none"> • Free delivery at private institutions defined by government. • Immediate access to Emergency Obstetric Care when needed. • Eligible mother is not supposed to pay anything in the hospital. Medicines are also to be given by doctor. • Rs 200 will be given for transport from the hospital. • Bal Sakha Yojna is now linked to this scheme. 	<ol style="list-style-type: none"> 1 BPL card/ income certificate by Talati or Mantri or Mamlatdar or Sarpanch. OR 2 Schedule Tribe certificate along with income certificate. 3 Aadhar card. 4 Chiranjeevi form is to be filled up. 5 You can avail the list of assigned hospitals of your area through your FHW, MO, PHC, CHC.

Entitlements	Purpose	Eligibility criteria and benefits	Necessary documents required
Kasturba Poshan Sahay Yojna	For nutritional support	<p>BPL mother-Total Rs.6000/- in three installments:</p> <ul style="list-style-type: none"> Rs 2000 on registration of pregnancy in first trimester. Rs 2000 in first week of delivery upon delivery at government facility or Chiranjeevi hospital. Rs 2000 on total vaccination after nine months of child birth up to 12 months. After giving measles vaccination along with Vitamin A. 	<ol style="list-style-type: none"> BPL certificate/ Income certificate by Talati/ Sarpanch. Aadhar card. Bank or post office account. FHW will fill up the form. Money will be transferred directly to the bank/postal account of the beneficiary.
Balsakha Yojna	For newborns: Due to lack of government facility in a particular area, or if private help is required	<p>New born up to age of 30 days of BPL family and all families of Schedule Tribe who are not under the category of income tax payee.</p> <ul style="list-style-type: none"> New born can avail free treatment at private pediatric hospitals which are linked with this scheme. Pediatrician will give Rs 200 to family for transport and Rs 50 to ASHA for motivation at the time of treatment itself. 	<ol style="list-style-type: none"> BPL certificate/ Income certificate by Talati/ Sarpanch. OR Schedule Tribe certificate along with income certificate.
Mamta Doli (Palkhi)	Support in transport in geographical-ly challenged areas	Where there is no vehicle facility or 108 cannot reach, the person who helps the pregnant woman to reach a facility gets Rs 200 from the Gram Sanjivani Samiti.	NIL
Mamta Sakhi	Companion for mental support for women in labor	All pregnant women in a government facility are allowed to have a female family member during delivery.	NIL
Rashtriya Parivar Kalyan Karyakram	To promote family planning	<p>Monetary benefit is given under this scheme for sterilization. Accredited hospitals or government facilities provide the service for the same.</p> <p>For female beneficiary: Should be married, age between 22-49 years, should have one child whose age is not less than one year, husband should not have undergone NSV operation, and should be mentally stable.</p> <p>For male beneficiary: Should be married, age less than 60, should have one child not less than one year old, his wife should not have undergone sterilization operation, and his mental condition should be stable.</p> <p>Benefits:</p> <ul style="list-style-type: none"> Male NSV (All men) Rs 1100, and Rs 200 to motivator Female sterilization (BPL/ST): Rs 600, and Rs 150 to motivator (APL): Rs 250, and Rs 150 to motivator 	NIL

Facilitator's notes on GSS

Regarding GSS

- Rs 10,000 per year are given to each GSS for spending on health needs identified by the GSS members. Maternal health, nutrition, education, sanitation, environmental protection, public health measures are key areas where this fund can be utilized.
- The GSS members include the Sarpanch (community leader) along with ASHA, anganwadi worker, ANM, women from marginalized community and other Panchayat members.
- This fund is kept in a bank account for which signatories are: Chairperson (elected woman of Panchayat-name of the woman in respective village) and member secretary (ASHA). It could include third signatory, be it ANM or AWW. In this case, any two of the three signatories is required.
- The needs and expenditure should be identified in the GSS meetings and should leverage funds from other sources too.
- **It is your responsibility as a community leader to find out how much was spent in the last financial year, how these decisions were made, and on what items were the expenditure done. Also to arrange a meeting to decide where and how these funds will be utilised for the current year.**

As per government guidelines decision on the utilisation of funds should be based on the following principles:

1. The fund shall be used for activities that benefit the community and not just one or two individuals. (Yet committee can take decision for using it for nutrition or health purpose of an extremely needy, example, for milk of a newborn whose mother has died and family is not able to afford nutrition of baby.)
2. The fund shall not be used for works or activities for which an allocation of funds is available through PRI or other departments and duplication of activities on which funds are used should be avoided. Example, use on road construction.
3. In special circumstances the district could give a direction or a suggestion to all GSS to spend on a particular activity- but even then it should be approved first by the GSS.
4. GSS will not be directed to contract with specific service providers for specific activities, regardless of the nature of the activity.
5. All payments from the untied grant must be done through the GSS directly to the service provider.
6. The utilization of the funds has to be transparent and should involve a participatory decision making process.
7. Decisions taken on expenditure should be documented in the minutes during meetings. It is preferably adopted as a written resolution that is read out and then incorporated into the minutes in a meeting where there was adequate quorum.
8. The member secretary should be allowed to spend small amounts on necessary and urgent activities, of up to Rs.1000, for which details of activity, bills and vouchers should be submitted in the next GSS meeting and a post facto approval of the committee should be taken. This is important for emergency cases. For example, paying for emergency transport.

Regarding Untied Funds

- The main purpose of the Untied Fund is to use it for health planning and for executing the plan.
- Every village is encouraged to contribute additional funds to the Village Health, Sanitation and Nutrition Committee. This may be in terms of money or labour.
- Decision on expenditures of Untied Fund is done through a written approved proposal of the GSS with signatures of its members.

Figure 3 : The activities of VHSNC are classified into nine categories



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BOARD GAME CARD SET 1

Su tame jaanochho? (Do you know?)

Chance Card

Do you know?

What is Maternal Death?

Answer

- Maternal Death is the death of a woman during pregnancy or within 42 days of abortion,
- without taking into consideration the duration of pregnancy and place of death,
- due to any reason or pregnancy related diseases or any pregnancy related cause or its management
- But not sudden or incidental reasons.



1

Do you know?

Card-1

In this village, does the ANM measure the BP of the pregnant women at every check-up, so that pre-Eclampsia can be diagnosed at the earliest?



1

Do you know?

What is the name of the general indicator for measuring the Maternal Death?

Answer

- Maternal Mortality Ratio (MMR)



2

Chance Card

Do you know?

Card-2

Post-delivery, does the Asha worker visit every woman three times to see whether post-delivery care is proper or not.



2

Do you know?

How Maternal Death Ratio is calculated?

Answer

- For every 1,00,000 live births, how many maternal deaths occur



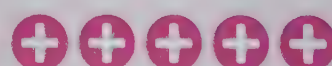
3

Chance Card

Do you know?

Card-3

In this district, every health worker (ANM) has taken the skilled birth attendant training.



3

<div>Do you know?</div> <p>According to the latest figures, what is the ratio Of India's Maternal Deaths?</p> <p>Answer</p> <ul style="list-style-type: none"> 212 (SRS 2009) <div> <div>+</div><div>+</div> <div>4</div> </div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-4</p> <p>In this village, if there is a need to provide blood, then there is a complete treatment centre (PRU) to preserve blood.</p> <div> <div>+</div><div>+</div><div>+</div><div>+</div><div>+</div> <div>4</div> </div>
<div>Do you know?</div> <p>When a woman dies due to tearing of the uterus in the third month of pregnancy, then it's called,</p> <ul style="list-style-type: none"> Maternal Death Pregnancy related death None of the above <p>Answer</p> <ul style="list-style-type: none"> Maternal Death (According to the second reason in Card 1) <div> <div>+</div><div>+</div><div>+</div><div>+</div><div>+</div> <div>5</div> </div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-5</p> <p>ANM has given her contact number to all the pregnant women in the village so that they can contact her immediately.</p> <div> <div>+</div><div>+</div><div>+</div> <div>5</div> </div>
<div>Do you know?</div> <p>If a woman dies within two weeks of delivery due to an infection, it is</p> <ul style="list-style-type: none"> Maternal Death Pregnancy related death None of the above <p>Answer</p> <ul style="list-style-type: none"> Maternal Death (According to the second reason in Card 1) <div> <div>+</div><div>+</div><div>+</div><div>+</div><div>+</div> <div>6</div> </div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-6</p> <p>A pregnant woman was bleeding a lot and it was necessary to send her to the District hospital for further treatment, so the Primary Health Centre nurse went with her and saved the woman's life.</p> <div> <div>+</div><div>+</div><div>+</div> <div>6</div> </div>

Do you know?

What is pregnancy related death?

Answer

- A woman dies during pregnancy or post delivery within 42 days due to any cause

+

+

+

+

+

7

Do you know?

If a woman dies in a road accident in the 7th month of pregnancy then it is,

- Maternal Death
- Pregnancy related death
- None from above

Answer

- Pregnancy related death

+

+

8

Do you know?

What are the five major causes of Maternal Deaths in India?

Answer

- Bleeding
- Infection
- Unsafe abortion
- Blood pressure increases / decreases due to which the seizure or fits occur
- Obstructive delivery

+

+

+

+

+

9

Chance Card

Do you know?

Card-7

When a woman complains of heavy bleeding and has to be sent to the District hospital for necessary treatment, then the Primary Health Centre's Medical Officer calls and informs the hospital beforehand so that they can be ready to provide treatment.

+

+

+

7

NO CHANCE CARD

Chance Card

Do you know?

Card-9

Maternal Death reviews are conducted regularly in this district, so that necessary improvements/care can be taken.

+

+

+

+

+

9

<div>Do you know?</div> <p><i>What is the most common cause of Maternal Death in India?</i></p> <p>Answer</p> <ul style="list-style-type: none"> Bleeding <div> <div>+</div> <div>+</div> </div> <div>10</div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-10</p> <p>ASHA and Nurse record every Maternal Death, so that Maternal Death Review and improvement in health system can be done.</p> <div> <div>+</div> <div>+</div> <div>+</div> <div>+</div> <div>+</div> </div> <div>10</div>
<div>Do you know?</div> <p><i>A woman gets fits in the eight month of her first pregnancy and her blood pressure increases. What is this condition called?</i></p> <p>Answer</p> <ul style="list-style-type: none"> Eclampsia (fits come during pregnancy) <div> <div>+</div> <div>+</div> </div> <div>11</div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-11</p> <p>After training in Medical Termination of pregnancy, the Primary Health Centre's Medical Officer can provide safe abortion services through MVA. Since the Officer has been trained, he/she can conduct safe abortion.</p> <div> <div>+</div> <div>+</div> <div>+</div> </div> <div>11</div>
<div>Do you know?</div> <p><i>A woman gets high fever after four days of delivery and secretions with bad odour from her vagina. What is this condition called?</i></p> <p>Answer</p> <ul style="list-style-type: none"> Post Delivery Infection <div> <div>+</div> <div>+</div> </div> <div>12</div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-12</p> <p>The Nurse was angry at the woman during Delivery and she hit the woman.</p> <div> <div>+</div> <div>+</div> <div>+</div> </div> <div>12</div>

WH-110

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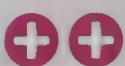


Do you know?

What is the first delay in the three delayed model?

Answer

- Delay in making a decision about treatment



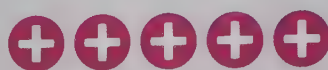
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Chance Card

Do you know?

Card-13

In this district, the Village Health and Sanitation Committee discuss issues of Maternal Health and It organizes accordingly.



13

Do you know?

What are three common reasons for phase one delay?

Answer

- Economic conditions
- Educational level
- Status of women
- Diagnosis of Sickness



14

Chance Card

Do you know?

Card-14

A woman could not give Rs 300 at the time of delivery, so the Nurse refused to see that woman.



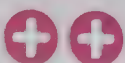
14

Do you know?

What is phase two in the three delayed model?

Answer

- Delay in reaching the treatment area



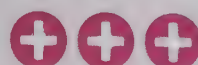
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Chance Card

Do you know?

Card-15

In the Primary Health Centre, the BPL family was asked to buy drugs and hand gloves from outside for the delivery of their daughter.



15

<div>Do you know?</div> <p><i>Please tell the names of the three main causes of phase two delay.</i></p> <p>Answer</p> <ul style="list-style-type: none">• Distance• Roads• Vehicle management• Expenses <div><div><div>+</div><div>+</div><div>+</div></div><div>16</div></div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-16</p> <p>Due to the lack of adequate bed facility at the primary treatment centre, the woman was discharged two hours after delivery.</p> <div><div><div>+</div><div>+</div><div>+</div></div><div>16</div></div>
<div>Do you know?</div> <p><i>What is the third delay of the three delay model?</i></p> <p>Answer</p> <ul style="list-style-type: none">• Delay in getting proper treatment <div><div><div>+</div><div>+</div></div><div>17</div></div>	<div>NO CHANCE CARD</div>
<div>Do you know?</div> <p><i>Tell the main reasons for the phase three delay?</i></p> <p>Answer</p> <ul style="list-style-type: none">• Lack of trained staff• Lack of Medicines• Lack of Sterile tools• Lack of Surgery Facility• Lack of Blood transfusion facility <div><div><div>+</div><div>+</div><div>+</div></div><div>18</div></div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-18</p> <p>Nurse (ANM) checks Hemoglobin for all the pregnant women in her area in order to know about the blood Deficiency.</p> <div><div><div>+</div><div>+</div><div>+</div><div>+</div><div>+</div></div><div>18</div></div>

Do you know?

Name of any three social factors of Maternal Health.

Answer

- Residence
- Community
- Living in poverty
- Education
- Female social status
- Nutrient-Blood deficiency



19

Chance Card

Do you know?

Card-19

When a pregnant woman was brought to the Primary Health Centre due to fits, then the Nurse gave an emergency dose of magnesium sulphate before sending her to the next treatment.



19

Do you know?

TBA as per the worldwide acceptance criteria (trained dayan/dai), she is a trained delivery assistant? True/False?

Answer

- False



20

Chance Card

Do you know?

Card-20

Due to shortage of gynaecologists in this district, the Primary Health Centre Medical Officer has been trained to perform surgery for delivery.



20

Do you know?

A delivery by ANM (nurse) in a Primary Health Centre is considered as a delivery by a trained specialist? True or False?

Answer

- True



21

Chance Card

Do you know?

Card-21

The woman suffering from fits had to wait two hours for the treatment in the district hospital.

21

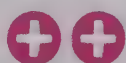
<div>Do you know?</div> <p><i>A delivery by a gynaecologist in a private hospital is considered as a delivery by a trained specialist? True or False?</i></p> <p>Answer</p> <ul style="list-style-type: none"> • True <div> <div>++</div> <div>22</div> </div>	<div>Chance Card</div> <div>Do you know?</div> <p>Card-22</p> <p>In this village, the pregnant woman was bleeding after delivery but giving her treatment was not possible because there was no blood donation facility available.</p> <div> <div></div> <div>22</div> </div>
<div>Do you know?</div> <p><i>What are the two critical components of CEMOC?</i></p> <p>Answer</p> <ul style="list-style-type: none"> • Caesarean • Blood Transfusion <div> <div>+++</div> <div>23</div> </div>	<div>Do you know?</div> <p><i>Please tell any three components of BEMOC?</i></p> <p>Answer</p> <ul style="list-style-type: none"> • Providing Antibiotic Medicine • Giving medicine to start maternity pain • Provide medicines to avoid fits • Remove placenta after delivery • Remaining placenta remove • Help in delivery <div> <div>++</div> <div>24</div> </div>
<div>Do you know?</div> <p><i>Which services should be available in the Primary Health Centre for 24 hours?</i></p> <ul style="list-style-type: none"> • Trained Maternity Specialist • (BEMOC) Basic immediate delivery service • (CEMOC) Overall immediate delivery service <p>Answer</p> <ul style="list-style-type: none"> • BEMOC) Basic immediate delivery service <div> <div>++</div> <div>25</div> </div>	<div>Do you know?</div> <p><i>What services does a FRU provide?</i></p> <ul style="list-style-type: none"> • Trained Maternity Specialist • (BEMOC) Basic immediate delivery service • (CEMOC) Overall immediate delivery service <p>Answer</p> <ul style="list-style-type: none"> • (CEMOC) Overall immediate delivery service <div> <div>++</div> <div>26</div> </div>

Do you know?

Most Maternal Deaths happen

- *In the first seven months of pregnancy*
- *In last month of pregnancy*
- *At delivery time*
- *In 48 hours after Delivery*

Answer: In 48 hours after Delivery



27

Do you know?

What percent of Maternal Deaths in India are due to unprotected abortion?

Answer: 8%



28

Do you know?

What is Perinatal Death?

Answer

The birth of the dead child or New-born infant deaths in the first week of birth



29

Do you know?

What are the main causes of bleeding after delivery?

Answer

- The natural contraction of the uterus does not occur
- Cracking in the mouth of the uterus or in the vagina
- Placenta remaining in the womb



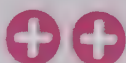
30

Do you know?

What is the name of the process used in the prevention of post-traumatic bleeding?

Answer

Control in the pain of the delivery in Third Phase



31

Do you know?

What is Eclampsia?

Answer

More bleeding due to fits during pregnancy, the content of protein in the urine and swelling of the hands, feet and mouth.



32

Do you know?

What is the name of the medicine used in the treatment of Eclampsia?

Answer: Magnesium sulphate



33

Do you know?

What is the name given to the graph showing the prevention of delivery pain?

Answer: Partograph



34

Do you know?

What are the two medicines given to prevent bleeding after delivery and to ensure proper contraction of the uterus?

Answer

- OXYTOICIN
- METHERGINE
- MISOPROSTOL



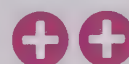
35

Do you know?

Under which act is abortion legal in India?

- MTP
- PCPNTFT
- PWD

Answer: MTP Law



36

QUIZ GAME ON MATERNAL HEALTH CARE ENTITLEMENTS

QUIZ CARD SET

<div>Right to Maternal Entitlements</div> <div>Question: Who benefits from JSSK?</div> <div>Answer<ul style="list-style-type: none">• All Pregnant women• For 42 days after Delivery• New-born infant to 1 year</div>	<div>Right to Maternal Entitlements</div> <div>Question: How much money do they get from JSSK?</div> <div>Answer<p>No financial assistance is provided under this scheme. But all treatments in government institutions are free of cost to pregnant, Lactating women and up to a 1 year old child.</p></div>
<div>Right to Maternal Entitlements</div> <div>Question: What is Mamta Dolly?</div> <div>Answer<p>In the circumstances where there are no arrangements for pregnant women to deliver, there is a government scheme where the person(s) who help the woman reach the nearest 108 facility; vehicle or treatment centre will receive Rs. 200.</p></div>	<div>Right to Maternal Entitlements</div> <div>Question: What is Mamta Sakhi?</div> <div>Answer<p>This is a Scheme where a female member of the pregnant women's family can stay with her in the delivery room at the hospital/institutions in order to provide mental support and care as a Mamta Sakhi.</p></div>
<div>Right to Maternal Entitlements</div> <div>Question: Which hospital is under Chiranjeevi?</div> <div>Answer<p>The hospital which has signed a contract with the government under Chiranjeevi comes to the hospital.</p></div>	<div>Right to Maternal Entitlements</div> <div>Question: Under KSPY you get 6000 rupees, how long does it get in the distance?</div> <div>Answer<ul style="list-style-type: none">• First Part of 2000 - When the first three months of Pregnancy are registered• Second Part of 2000 - In the first week of child birth in government hospital or Chiranjeevi scheme• Third Part of 2000 - After providing vitamin A with Measles vaccine and after completion of all vaccinations on the baby after 9 months of childbirth and 12 months before childbirth as a nutrition aid to the child and mother.<p>Thus, a total of 6000 rupees are provided for all mothers.</p></div>
<div>Right to Maternal Entitlements</div> <div>Question: Who gets the benefit of JSY?</div> <div>Answer<ul style="list-style-type: none">• All the Lactating women in scheduled castes and scheduled tribes• Lactating women under the poverty line</div>	<div>Right to Maternal Entitlements</div> <div>Question: What is the purpose of the JSSK (Janani Shishu Surksha Yojna)?</div> <div>Answer<p>To reduce Maternal Death and infant mortality</p></div>

Right to Maternal Entitlements

Question: How much money does Mamta Dolly give?

Answer: Rs 200

Right to Maternal Entitlements

Question: What are the benefits of pregnant mothers having a score of 0 to 20 with BPL card?

Answer

- Chiranjeevi Yojna
- Balsakha Yojna
- Kasturba Poshan Sahay Yojna

Right to Maternal Entitlements

Question: What are the benefits of the Balsakha scheme?

Answer

- New-born infants are provided with free services at private hospitals by private paediatrician attached to this scheme.
- Paediatrician pays 200 rupees for the transport of family of an infant's child.
- They pay 50 rupees for the promotion of the coming together of Asha worker with Pregnant women.

Right to Maternal Entitlements

Question: Who benefits from the Balsakha scheme?

Answer

- New-born infants under poverty line for 30 days
- All new-born infants of the Scheduled Tribes who do not pay income tax

Right to Maternal Entitlements

Question: What are the benefits of KPSY?

Answer

The pregnant woman under the poverty line - For Delivery up to 3 children

Right to Maternal Entitlements

Question: How much money do you get in Mamta Sakhi Yojna?

Answer

No financial assistance is given under this scheme.

Right to Maternal Entitlements

Question: Name the scheme for Maternal Health in which money is credited directly to the bank or the post office?

Answer

- Kasturba Poshan Sahay Yojna
- Janani Surksha Yojna

Right to Maternal Entitlements

Question: If the pregnant women do not have a BPL card, what certification will be used for the benefit of Chiranjeevi Yojna?

Answer

Those who do not have BPL cards should take their income certificate from Talati cum Minister, Sarpanch, Mamlatdar and Chief Officer in their area.

BOARD GAME CARD SET 2

Mata swasthya sauni jawabdari?

(Maternal health is everyone's responsibility?)

Maternal Health is Everyone's Responsibility

What is the role of Panchayat on Maternal health?

Answer

- The Panchayat should know how many pregnant women are in their village and what kind of problems they have.
- Panchayat members should inspect it when Mamta Divas is having. Weighing Machine, BP Machine, etc. should be checked to make sure that it is working properly. They should help of the Nurse in the planning of Mamta's day.
- To keep a list of Child Death or Maternal Death and take appropriate measures to prevent it.
- In Gram Sabha, Maternal Health should be taken as an agenda.



Maternal Health is Everyone's Responsibility

Who are the members of Gram Sanjivani Committee?

Answer

- Sarpanch
- Panchayat elected members in which 50% are women
- Nurse
- Asha
- Anganwadi Worker
- Deprived community members
- A pregnant mother, Lactating women or a Mother who has a child up to 3 years old
- Employees of other government departments like teacher, MGNREGA co-ordinator, etc.
- Self Help Group, Sangthan, Voluntary Organizations Members



Maternal Health is Everyone's Responsibility

Who can review/investigate the Maternal Death?

Answer

- Government People
- Panchayat Members
- Community Leaders
- Gram Sanjivani Committee
- NGOs



Maternal Health is Everyone's Responsibility

How much funds are there every year in Gram Sanjivani committee?

Answer : Rs.10,000



Maternal Health is Everyone's Responsibility

BONUS CARD

The Panchayat Member of this village does not know when the Mamta Divas is celebrated.



Maternal Health is Everyone's Responsibility

BONUS CARD

There is no house for Mamta Divas in this village. So Mamta Divas is celebrated in the open place.



Maternal Health is Everyone's Responsibility

Should the issue of Maternal Health be discussed in Gram Sabha? Why?

Answer

Yes, Maternal Health issue should be taken in Gram Sabha because the discussion of this issue can help the villagers get the necessary solution. By Increasing Health Department responsiveness, Maternal Death can be prevented.

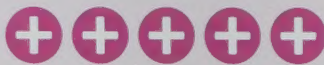


Maternal Health is Everyone's Responsibility

Question: What is the role of Gram Sanjivani Committee?

Answer

- Ensure that the Anganwadi runs regularly as well as making sure that the children, pregnant and lactating women get supplemental diet.
- Make sure that the Mamta Divas is celebrated on the scheduled day, monitoring the services given to the mother and child.
- Arrange to provide nutrition and health services to the village people.
- To maintain cleanliness in the village.



Maternal Health is Everyone's Responsibility

BONUS CARD

The Sarpanch of this village receives the registration information of birth and death from Talati every month. If any registration has not been completed, then they ask the family to register.



Maternal Health is Everyone's Responsibility

BONUS CARD

The Panchayat members of this village inform the pregnant women of their area about Mamta's day.



Maternal Health is Everyone's Responsibility

BONUS CARD

Blood Donation camp was organized by this village Panchayat.



Maternal Health is Everyone's Responsibility

BONUS CARD

The Village Panchayat has a list of blood donors.



Maternal Health is Everyone's Responsibility

BONUS CARD

The women in this village cannot sit in the Gram Sabha.



Maternal Health is Everyone's Responsibility

BONUS CARD

The Talati of this village registers birth and death in Panchayat. But if the child was a stillborn, then the Talati refuses to register.



Maternal Health is Everyone's Responsibility

What is the benefit of keeping a list of blood group in the village?

Answer

Blood donors can be contacted, If someone needs blood in an emergency.

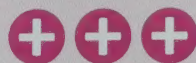


Maternal Health is Everyone's Responsibility

What is Gram Sanjivani committee?

Answer

Gram Sanjivani Committee is a committee formed under Panchayat per revenue village which oversees the health, hygiene and nutrition in the village.



Maternal Health is Everyone's Responsibility

In whose bank account are the funds of Gram Sanjivani Committee?

Answer

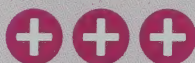
In the joint name of the President and secretary. Both signatures are required for withdrawal of funds.



Maternal Health is Everyone's Responsibility

BONUS CARD

In this village, the women should ask the Panchayat to get the delivery facility near the village.



Maternal Health is Everyone's Responsibility

BONUS CARD

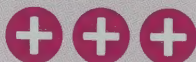
There is a meeting for the use of the funds of the Gram Sanjivani Committee in this village and after unanimous resolution, the necessary expenditure is done.



Maternal Health is Everyone's Responsibility

BONUS CARD

Panchayat members monitor the Anganwadi in this village and help the workers in the management of Anganwadi.



Maternal Health is Everyone's Responsibility

BONUS CARD

There are no curtains for the privacy of pregnant women during their check up on Mamta Divas.



Maternal Health is Everyone's Responsibility

BONUS CARD

Its members do not know about funding of Gram Sanjivani Committee in this village. Medical Officer administers the funds.



Maternal Health is Everyone's Responsibility

BONUS CARD

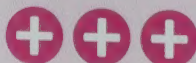
No one knows the Gram Sanjivani Committee in this village.



Maternal Health is Everyone's Responsibility

BONUS CARD

Mamta Divas is celebrated at the place and time specified in this village.



મારું સ્વાસ્થ્ય બધાની જવાબદારી



